



**POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT**

I. IDENTIFICATION	
01 STATE	02 SITE NUMBER
NJ	D046957452

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) Titan Tool		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 107 Bauer Dr.			
03 CITY Oakland Boro	04 STATE NJ	05 ZIP CODE 07436	06 COUNTY Bergen	07 COUNTY CODE 003	08 CONG DIST 07
09 COORDINATES LATITUDE 41° 00' 19" N		LONGITUDE -74° 14' 37" W			

10 DIRECTIONS TO SITE (Starting from nearest public road)
Take State Rte. 208 to Oakland. Get off at US 202 (Ramapo Valley) and head south about 1.25 miles to Long Hill Rd. and turn left. Follow this road about one mile (it will become Franklin Lake Rd.) Turn left onto Bauer Dr. Site is near end of street.

III. RESPONSIBLE PARTIES

01 OWNER (if known) Titan Tool Inc.		02 STREET (Business, mailing, residential) 107 Bauer Dr.			
03 CITY Oakland	04 STATE NJ	05 ZIP CODE 07436	06 TELEPHONE NUMBER (201) 337-1240		
07 OPERATOR (if known and different from owner)		08 STREET (Business, mailing, residential)			
09 CITY	10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER		

13 TYPE OF OWNERSHIP (Check one)
 A. PRIVATE B. FEDERAL _____ (Agency name) C. STATE D. COUNTY E. MUNICIPAL
 F. OTHER: _____ (Specify) G. UNKNOWN

14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply):
 A. RCRA 3001 DATE RECEIVED: _____ MONTH DAY YEAR B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: _____ MONTH DAY YEAR C. NONE

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION BY (Check all that apply)
 YES DATE **10 / 7 / 82** MONTH DAY YEAR NO
 A. EPA B. EPA CONTRACTOR C. STATE D. OTHER CONTRACTOR
 E. LOCAL HEALTH OFFICIAL F. OTHER: _____ (Specify)
 CONTRACTOR NAME(S): _____

02 SITE STATUS (Check one) 03 YEARS OF OPERATION
 A. ACTIVE B. INACTIVE C. UNKNOWN _____ BEGINNING YEAR _____ ENDING YEAR UNKNOWN

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED
 NJDEP sampling found 1,1,1 trichloroethane and o-dichlorobenzene in a dry well where waste water was discharged.

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION
 Area where dry well was located is adjacent to lakes in area. Migration of contaminants to lakes in area could affect aquatic life and recreational activities.

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)
 A. HIGH (Inspection required promptly) B. MEDIUM (Inspection required) C. LOW (Inspect on time available basis) D. NONE (No further action needed, complete current disposition form)

VI. INFORMATION AVAILABLE FROM

01 CONTACT Mark Haulenbeek		02 OF (Agency, Organization) U.S. EPA, Region II		03 TELEPHONE NUMBER (201) 321-6685	
04 PERSON RESPONSIBLE FOR ASSESSMENT Gary Rojek		05 AGENCY	06 ORGANIZATION NUS Corp. FIT II	07 TELEPHONE NUMBER (201) 225-6160	08 DATE 10 / 5 / 84 MONTH DAY YEAR



**POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 2 - WASTE INFORMATION**

I. IDENTIFICATION

01 STATE NJ	02 SITE NUMBER D046957452
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II. WASTE STATES, QUANTITIES, AND CHARACTERISTICS

01 PHYSICAL STATES (Check all that apply) <input type="checkbox"/> A SOLID <input type="checkbox"/> B POWDER, FINES <input type="checkbox"/> C SLUDGE <input type="checkbox"/> D OTHER _____ <small>(Specify)</small>	02 WASTE QUANTITY AT SITE <small>(Measures of waste quantities must be independent)</small> TONS <u>Unknown</u> CUBIC YARDS _____ NO. OF DRUMS _____	03 WASTE CHARACTERISTICS (Check all that apply) <input checked="" type="checkbox"/> A TOXIC <input type="checkbox"/> B CORROSIVE <input type="checkbox"/> C RADIOACTIVE <input type="checkbox"/> D PERSISTENT <input checked="" type="checkbox"/> E SOLUBLE <input type="checkbox"/> F INFECTIOUS <input type="checkbox"/> G FLAMMABLE <input type="checkbox"/> H IGNITABLE <input type="checkbox"/> I HIGHLY VOLATILE <input type="checkbox"/> J EXPLOSIVE <input type="checkbox"/> K REACTIVE <input type="checkbox"/> L INCOMPATIBLE <input type="checkbox"/> M NOT APPLICABLE
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III. WASTE TYPE

CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE	03 COMMENTS
SLU	SLUDGE			
OLW	OILY WASTE			
SOL	SOLVENTS	Unknown		
PSD	PESTICIDES			
OCC	OTHER ORGANIC CHEMICALS			
IOC	INORGANIC CHEMICALS			
ACD	ACIDS			
BAS	BASES			
MES	HEAVY METALS			

IV. HAZARDOUS SUBSTANCES (See Appendix for most frequently cited CAS Numbers)

01 CATEGORY	02 SUBSTANCE NAME	03 CAS NUMBER	04 STORAGE/ DISPOSAL METHOD	05 CONCENTRATION	06 MEASURE OF CONCENTRATION
SOL	1,1,1 trichloroethane	25323-89-1	Dry Well	40*	ppb *
SOL	o-dichlorobenzene	25321-22-6	Dry Well	26*	ppb
				*Concentration	
				in wastewater	
				sampled by	
				NJDEP	

V. FEEDSTOCKS (See Appendix for CAS Numbers)

CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER	CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER
FDS			FDS		
FDS			FDS		
FDS			FDS		
FDS			FDS		

VI. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis reports)

Oakland Health Department
NJDEP Files



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE NJ 02 SITE NUMBER D046957452

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 A. GROUNDWATER CONTAMINATION 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
03 POPULATION POTENTIALLY AFFECTED: Unknown 04 NARRATIVE DESCRIPTION

Potential exists for contaminants in wastewater to reach groundwater.

01 B. SURFACE WATER CONTAMINATION 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

Dry well is upgradient of West Pond and Hoppers Lake. Lakes contain fish and are used for recreation.

01 C. CONTAMINATION OF AIR 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

No potential exists.

01 D. FIRE/EXPLOSIVE CONDITIONS 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

No potential exists.

01 E. DIRECT CONTACT 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

No potential exists.

01 F. CONTAMINATION OF SOIL 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
03 AREA POTENTIALLY AFFECTED: Unknown (Acres) 04 NARRATIVE DESCRIPTION

Soil near dry well may be contaminated.

01 G. DRINKING WATER CONTAMINATION 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

No potential exists. No drinking water drawn from area.

01 H. WORKER EXPOSURE/INJURY 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
03 WORKERS POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

No potential exists.

01 I. POPULATION EXPOSURE/INJURY 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

No potential exists. Area infrequently visited by population.



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PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE NJ 02 SITE NUMBER D046957452

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 J. DAMAGE TO FLORA 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
04 NARRATIVE DESCRIPTION

Potential for damage to aquatic plants if trichloroethane and dichlorobenzene reaches lakes.

01 K. DAMAGE TO FAUNA 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
04 NARRATIVE DESCRIPTION (include names, of species)

Lakes contain bass and other aquatic life.

01 L. CONTAMINATION OF FOOD CHAIN 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
04 NARRATIVE DESCRIPTION

Potential exists for contamination of food chain from fishing.

01 M. UNSTABLE CONTAINMENT OF WASTES 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
(Spills, runoff, standing liquids, leaking drums)
03 POPULATION POTENTIALLY AFFECTED: Unknown 04 NARRATIVE DESCRIPTION

Potential exists since material was put into a dry well.

01 N. DAMAGE TO OFFSITE PROPERTY 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
04 NARRATIVE DESCRIPTION

No potential exists.

01 O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
04 NARRATIVE DESCRIPTION

No potential exist.

01 P. ILLEGAL/UNAUTHORIZED DUMPING 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
04 NARRATIVE DESCRIPTION

No potential exists.

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: Unknown

IV. COMMENTS

Site is an active DWR enforcement case.

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

NJDEP Files
Oakland Health Dept.